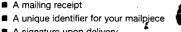
Chemical Recovery Systems

US EPA RECORDS CENTER REGION 5
463986

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: N Insurance Coverage Provided) 5457 TAGO NEOS 1450 Postage Certified Fee Return Receipt Fee 9000 (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 20 Total Postage & Fees Sent To Ohio Formulators M. Adams SR-6J re: (7007 c/o John J. Beyerle Street, Apt. No.: or PO Box No. 4664 Southwood Dr. City, State, ZIP+ Cleveland, OH 44144 PS Form 3800.

Certified Mail Provides:

A mailing receipt



A signature upon delivery A record of delivery kept by the Postal Service for two years

Important Reminders:

Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.

Certified Mail is not available for any class of international mail.

■ NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For

valuables, please consider Insured or Registered Mail.

■ For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return

Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is

required. ■ For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

■ If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

102595-01-M-1049 PS Form 3800, January 2001 (Reverse)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print, Clearly) B. Date of Delivery C. Signature Agent Addressee
Ohio Formulators c/o John J. Beyerle 4664 Southwood Die IN A IP	D. Is delivery address different fabriciem 11 Yes If YES, enter delivery address below.
4664 Southwood DELVE	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320 0006 1450 5457	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	

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UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. Q-10

• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. EPA Region 5
Marsha Adams, SR-6J
Remedial Enforcement Support Sect.
77 West Jackson Blvd.
Chicago IL 60604 (re: CRS)